

NAME: Mikayla Connery

Patient Interaction Checklist

	Scoring Item	SCORE
1. Introduction and purpose	• Introduces himself/herself	<input checked="" type="checkbox"/>
	• Discusses the purpose of the interaction.	<input checked="" type="checkbox"/>
2. Appropriate OTC product selection	• Explain why some OTC medications are inappropriate for children less than 2 years old.	<input type="checkbox"/>
	• Chooses appropriate OTC product(s) to address patient's symptoms (and knows what should not be used).	<input checked="" type="checkbox"/>
3. Appropriate non-pharmacologic selection	• Non-pharmacologic options	<input checked="" type="checkbox"/>
4. Counseling on how to use medication(s) recommended	• Counsels on EACH product, including:	<input checked="" type="checkbox"/>
	○ Medication name and strength	<input checked="" type="checkbox"/>
	○ Dose/route	<input checked="" type="checkbox"/>
	○ Frequency	<input checked="" type="checkbox"/>
	○ How to use	<input checked="" type="checkbox"/>
5. Appropriately Dose Medication	• Determine appropriate dose(s) and frequency	<input checked="" type="checkbox"/>
6. Appropriately addresses patient question(s)	• Discussed when evaluation by a health care provider recommended.	<input checked="" type="checkbox"/>
7. Closure of Interview	• Provides contact and/or follow-up information	<input checked="" type="checkbox"/>

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Communication and Relationship

<p>6. QUESTIONING SKILLS – TYPES OF QUESTIONS - Begins with open-ended question (describe, tell me about), followed by direct questions; avoids leading, negative, and multiple questions.</p>				
<p>NOTE: STUDENTS should follow a line of inquiry that progresses from open-ended to specific followed with specific questions). Open-ended questions (or open-ended prompt) allow the STUDENT to obtain a large amount of information about a particular area. It allows the patient to tell the interviewer "their story." This type of question should be used to begin a line of inquiry. (<i>For example, "What brings you here today?" or "Tell me about your general health."</i>) Then follow up with more focused and direct questions.</p> <p>Direct or specific questions are used to gather specific pertinent information. For example, <i>"How old were you when you had your tonsils removed?" or "When did your pain begin?" or "How long have you had the pain?"</i> Other types of direct questions elicit a "yes" or "no" answer from the patient, or a response to a choice that the STUDENT has provided. Example line of inquiry utilizing the various types of questions: <i>STUDENT (L): "Tell me about your problem." (Open-ended) Patient (P): "For two weeks, I've had a constant pain in my stomach, right here (points), above my navel."</i> <i>L: "Tell me about the pain." (Open-ended) P: "It's a burning sensation." L: "Is it a deep pain?" (Direct) P: "Yes, a deep one." L: "Does the pain move around?" (Direct) P: "No." L: "Tell me what makes the pain feel worse?" (Open-ended)</i> STUDENTS should avoid using direct or (particularly) forced choice questions <u>in beginning a line of inquiry</u> because it restricts the possible flow of information and makes obtaining the necessary information a tedious task. Example, if NOT beginning with an open-ended question: <i>"Tell me about the pain?"</i> they must ask several direct questions: <i>L: "Is the pain an ache?" P: "No." L: "Is it a stabbing pain?" P: "No." L: "Is it a dull pain?" P: "No."</i></p> <p>STUDENTS should avoid these kinds of poor question types: Leading questions supply a particular answer for the patient, desired answer is implied by how the question is phrased. This should also be avoided because some patients may agree with the leading questions rather than contradicting the STUDENT. (<i>E.g., "No headaches? Right?"</i>). "Why" questions put the patient on the defensive and should be avoided. (<i>E.g., "Why didn't you come in sooner, you've had the problem for six weeks?"</i>) Multiple questions series of short questions asked in succession without allowing the patient to answer each individually. The patient may be confused about which question to answer. (<i>E.g., "Does the pain feel like it's as sharp after dinner or is it different than before dinner?"</i>) Multiple questions can also be one question listing many options. (<i>E.g., "Has anyone in your family ever had cancer, diabetes, heart disease, or high blood pressure?"</i>)</p>				
5	4	3	2	1
<p>STUDENT begins with an open-ended question and follows up with specific or direct questions. Each major line of questioning starts with an open-ended question. No poor question types are used.</p>		<p>STUDENT often fails to begin with open-ended questions but rather employs specific or direct questions to gather information OR uses a few leading, why or multiple questions.</p>		<p>STUDENT asks many why questions, multiple questions, or leading questions.</p>
<p>ITEM 8. USE OF JARGON - Lay vocabulary is used; medical terms are explained immediately.</p>				
<p>NOTE: One of the skills needed is the ability to communicate with the patient with terms known to lay persons - to substitute jargon or difficult medical terms. Learners may make erroneous assumptions about the patient's level of sophistication on the basis of one or two medical terms used by the patient. Jargon may also be misleading to a patient who does not want to admit they don't understand the question/term, (i.e., "Was it a productive cough?"). Therefore, learners should define questionable terms. Additionally, learners should be aware of different educational levels. By keeping these things in mind when communicating with the patient, information will be clearer and long-term compliance easier to obtain.</p>				

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5	4	3	2	1
Learner asks questions and provides information in language which is easily understood. Content is free of difficult medical terms and jargon. Words are immediately defined. Language used is appropriate to patient level of education.		Learner occasionally uses medical jargon, failing to define medical terms unless specifically requested to do so by the patient.		Learner uses difficult medical terms and jargon throughout the conversation.
ITEM 18. PATIENT EDUCATION & UNDERSTANDING - Patient is given a comfortable amount of information; deliberate techniques to check understanding (have patient demonstrate/repeat the plan.)				
NOTE: Many times, patients who are labeled non-compliant may in fact not understand the information that is given to them. There are several ways to check the patient's understanding. Learner can ask the patient to repeat the information directly back, demonstrate techniques, or pose hypothetical situations to see if the patient will react appropriately. It is vital that when a patient must carry out therapy on their own without direct supervision, that they understand how to carry it out. Example: Learner <i>"I've shown you how to test levels of sugar in your blood with the monitor, now will you show me so I can be sure that I explained it clearly?"</i> Example: Learner - <i>"Will you repeat back to me how to take your medicine so I know I have given you the correct information?"</i>				
5	4	3	2	1
Learner uses deliberate techniques to check patient understanding of information given during the encounter including diagnosis. Techniques may include asking the patient to repeat information, asking if the patient has additional questions, posing hypothetical situations or asking the patient to demonstrate techniques. When patient education is a goal, learner determines the patient's level of interest and provides education appropriately. (If English proficiency is limited an interpreter is offered.)		Learner asks the patient if they understand the information but does not use a deliberate technique to check. Some attempt to determine the interest in patient education but could be more thorough.		Learner fails to assess patient's level of understanding and does not effectively correct misunderstandings when they are evident. AND/OR Learner fails to address the issue of patient education.

Rate your performance for the OSCE on the following items from 1- 5 (see scale below). In order to receive credit, you must INCLUDE COMMENTS that justify your ratings and answer all questions thoughtfully (Two to three sentences at a minimum). Self-evaluation is a great way to help you improve your skills in the future. Assignments completed with minimal effort will result in only ½ credit for the assignment.

Rating Scale:

5= nearly perfect

3= met requirements

1= poor/ wish I could re-do

1. Rate and comment on your interaction with the patient/caregiver. Consider the following in your comments: How did you establish rapport? Did you ask open-ended questions to engage the patient/caregiver? *(2-3 complete statements at a minimum)*
 - a. *In this OSCE we were talking with a patient about non-pharmacologic and OTC therapies for an infant who is congested with a slight fever. In the beginning I introduced myself and throughout tried to ask extra questions to build a relationship with the patient. I believe most of the questions I asked were open ended especially within the SCHOLAR aspect.*

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RATING 4

2. Rate and comment on your ability to deliver information smoothly and understandably. Consider the following in your comments: How was the flow and logic of your delivery? Did you skip around? Did you use language that was appropriate for patient/caregiver? Did you have to pause frequently to remember the information you needed to provide to the patient/caregiver? *(2-3 complete statements at a minimum)*
 - a. *Overall, I feel as though the interaction went pretty smoothly. I believe I had a good flow of conversation and did not skip around. I first addressed the scholar questions, then used that information to assess the best possible non-pharmacologic options for the patient because they expressed being interested in more holistic approaches. I then asked the patient if they were willing to try any OTCs and they said yes so, I explained their OTC options for infant fever. I did use patient friendly language and had minimal pauses throughout.*

RATING 4

3. Rate and comment on your confidence during the encounter. Consider the following in your comments: Did you seem nervous? How did you feel? *(2-3 complete statements at a minimum)*
 - a. *At first, I was obviously a little nervous as with my upcoming OSCE as far as not knowing exactly what I was supposed to do or say, but as the interaction progressed, I felt much less nervous in discussing options with the patient. I couldn't exactly hear the nerves in my voice when re-listening to the interaction, but I could tell I was talking a little fast. By the end there was 2 minutes remaining so it left me questioning if I missed something or if I just was speaking quickly because of nerves.*

RATING 3

4. Rate and comment on your ability to show empathy and establish a good patient-pharmacist relationship. Consider the following in your comments: Describe how you attempted to establish a relationship with your patient/caregiver? Did you maintain eye-contact with the patient/caregiver? Did you listen to the patient/caregiver without interrupting? Did you feel like you were talking *with* or *at* the patient/caregiver? *(2-3 complete statements at a minimum)*
 - a. *I feel as though I did establish a relationship with the patient because by the end they seemed very receptive to what I was saying which means they had some trust in what I was saying. This interaction was a telephone call so body language and eye-contact did not really come into play in this scenario. I feel as though I did listen to the patient without interrupting however, I do feel as though I may have done a little bit of talking AT the patient while I was giving my non-pharmacologic recommendations.*

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RATING 4

5. What did you find most challenging about your interaction with the patient/caregiver? Why? (2-3 complete statements at a minimum)
 - a. *During this interaction, one of the main things I found most challenging was knowing exactly what to recommend and what I needed to speak on. I feel in the end I gave proper recommendation but there didn't seem to be any real guidance from the patient on what they were mainly looking for. I also was unsure if we still needed to discuss treatment options that are NOT recommended to the patient, so I left that information out. I suppose the challenges could have been resolved by me asking more specific questions but I tried to mainly stay in the realm of open ended questions*

6. How would you improve your performance in the future? (2-3 complete statements at a minimum)
 - a. *To Improve my performance in the future, I would like to try to go in with slightly more preparing/rehearsing time in order to feel more confident in what I was saying. This will also help with the timing of the overall interaction and possibly get me to slow down a little whilst talking to the patient.*

7. What aspects of your performance on the assessment were your best? (2-3 complete statements at a minimum)
 - a. *Some of the best parts of my performance were being knowledgeable about the information and providing accurate recommendations with instructions. I also feel I did a good job with asking the patient all the pertinent information as well as additional info such as "Have you taken the infants temperature at home" and "what was the reading" in order to making a good end recommendation and determine status of patient being eligible for self-care.*